

## LOCAL BIOTERRORISM PREPAREDNESS FUNDING PLAN AND BUDGET

### *Fiscal Year 2002/2003 Progress Update*

On October 29, 2002, the County of San Diego Board of Supervisors approved the County of San Diego Local Bioterrorism Preparedness Funding Plan and Budget, State Fiscal Year 2002 – 2003, for submission to the California Department of Health Services (CDHS). This document was submitted to the CDHS in mid-November, 2002 and serves as the local application for bioterrorism preparedness funding from the Centers for Disease Control and Prevention (CDC). The CDC allocated these funds to the States, and in turn, the State of California allocated funds to each County (except Los Angeles which receives its funds directly from CDC). CDHS issued a guidance document, based on CDC requirements, that outlines six critical “Focus Areas” that must be addressed in each local plan. These Focus Areas are:

- A: Preparedness Planning and Readiness Assessment**
- B: Surveillance and Epidemiology Capacity**
- C: Laboratory Capacity – Biologic Agents**
- E: Health Alert Network/Communications and Information Technology**
- F: Risk Communication and Health Information Dissemination (Public Information and Communication)**
- G: Education and Training**

The County of San Diego has achieved many accomplishments during the Fiscal Year 2002-03 and is better prepared to respond to acts of bioterrorism or other infectious disease outbreaks. Below is an updated list of progress made in each project during State Fiscal Year (SFY) 2002–2003.

#### **Focus Area A: Preparedness Planning and Readiness Assessment**

##### **A-1: Use of Clinical Volunteers**

This project will enhance the system for using clinical volunteers, such as doctors and nurses, during a disaster or emergency.

***Update:** A protocol was developed and implemented during FY 02/03 for the pre-credentialing of medical volunteers to serve as disaster service volunteers. As of December 31, 2003, 81 volunteers have been pre-credentialed as part of this clinical disaster service worker program. Recruitment efforts continue.*

*A recent grant application to the Office of the Surgeon General to develop a local Medical Reserve Corps (MRC) program was accepted. This grant award will enhance and augment the existing clinical disaster service worker program. The first meeting of the local MRC Advisory Committee will be held in January 2004. For more information, visit the national MRC website at <http://www.medicalreservecorps.gov/index.htm>.*

##### **A-2: Smallpox Exposure Plan**

This project will develop a plan for response to smallpox exposure. This plan will address health care for smallpox patients, isolation, quarantine, vaccination, and other issues.

***Update:** San Diego participated in the recent federal smallpox vaccination program, which included training local public health and hospital workers, and the vaccination of over 100 volunteers. For current information on the smallpox vaccination program, visit the Center for Disease Control and Prevention's (CDC) website at <http://www.bt.cdc.gov/agent/smallpox/index.asp>.*

### **A-3: Communication Network Between Hospitals, Clinics and County Emergency Services**

A communication system will be designed that would include clinics and, thereby, improve communication with a large number of health care providers during a disaster.

***Update:** A Board-approved communication system, the County Alert Services System (CASS), is in place and allows County Public Health Services and Emergency Services to quickly notify key response personnel of a disaster and provide instructions for an organized response.*

### **A-4: Plan for Provision of Preventive Medication and Vaccinations to the “Mass” Population**

This plan, known as the Mass Prophylaxis Plan, will be enhanced. It will include the acceptance and management of the federal government’s Strategic National Stockpile (SNS)\*.

***Update:** Training for response staff involved in the receipt, staging and storage of the federal government’s SNS has occurred. A mass vaccination exercise, Operation Safeguard San Diego, using flu vaccine was conducted on November 18, 2003. In the four-hour drill designed to test the Mass Prophylaxis Plan, 458 flu vaccinations were administered, and 676 individuals were processed through the lines.*

*Six negative pressure isolation tents have been purchased with CDC Bioterrorism grant funding to enhance public health response capabilities. These units offer a filtration system that provides protection from biological agents and quickly creates a negative pressure isolation room with airlock entry, which allows clinicians to care for contagious patients without exposing others to the infectious disease. The County of San Diego is the first non-military organization in the nation to purchase and receive this state of the art technology for portable isolation units for quick deployment in the event of an infectious disease outbreak.*

*\*Formerly known as the National Pharmaceutical Stockpile (NPS) program.*

## **Focus Area B: Surveillance and Epidemiology Capacity**

### **B-1: Improved Disease Reporting**

This project will improve upon the current system in which legally reportable diseases are submitted and reviewed by public health staff. This project will more fully automate this system.

***Update:** A Board-approved electronic reporting system has been purchased and is currently being tested. This system will fully automate the current system in which legally reportable diseases are submitted by physicians and laboratories, and reviewed by public health staff. New deliverables for the 2003/2004 fiscal year include the development of electronic lab reporting interfaces, development of additional electronic risk history forms into the system, and training of healthcare providers in web-based disease reporting.*

### **B-2: Surveillance System for Disease Reporting**

Work will be done to develop a new automated system that will help in the early detection of a disease outbreak by extracting data about patients’ disease symptoms from some local medical providers automated information. This is known as “syndromic surveillance”.

***Update:** Combined with Project B-5. See below.*

### **B-3: Enhanced Surveillance of Flu-Like Illness**

This project will expand the current surveillance system to help in the early detection of a flu or

flu-like illness, serving as an early warning of a bioterrorism event. This will entail obtaining information from additional health care providers and absenteeism information from schools.

**Update:** *The current surveillance system for detecting flu-like illnesses has been enhanced with the addition of 35 new sentinel schools associated with Project SHARE\*, 5 community clinics, and 1 urgent care site. Rapid influenza test kits were purchased and distributed. New deliverables for the 2003/2004 fiscal year include the purchase and distribution of additional influenza test kits to new sentinel sites, and the identification of new sentinel sites for influenza activity detection and monitoring. This system has been instrumental in the County's flu surveillance for the 2003/2004 flu season. Also, additional supplies are being purchased for use in laboratory testing of multiple respiratory diseases.*

*\* Project SHARE (School Health and Absenteeism Reporting Exchange)*

#### **B-4: Methodology for Early Detection of Unusual Patterns of Disease**

Work will be done to develop "Aberration Detection Methodology." It is a means of early disease detection by noting unusual (aberrant) trends in current disease patterns and comparing them to historical disease patterns.

**Update:** *Staff conducted research and testing of existing aberration detection methodologies. Related software packages and technical references were purchased. Activities planned for the 2003/2004 fiscal year include continuing research, training and the development of related protocols.*

#### **B-5: Automation of the Enhanced Health Surveillance System (EHSS)**

Work will be done to automate the examination of illness data for trends or changes that may indicate a communicable disease outbreak, bioterrorism event, or compromise of healthcare resources. The illness data comes from "traditional" health care providers and "non-traditional" data sources will be evaluated such as reports about animal diseases, poison control and 911 reports, and the medical examiner findings.

**Update:** *Additional illness data sources have been evaluated preliminarily. Tests of an over the counter pharmacy sales system data have been conducted. The system is being developed and pilot tested with school nurses in San Diego County through Project SHARE (School Health and Absenteeism Reporting Exchange).*

#### **B-6: Planning for Integrated Data Storage, Management and Maintenance**

Planning will be done to develop an Integrated Data Repository (IDR). This will be a system where data from many different data sources are placed into one electronic data warehouse. This will significantly increase the efficiency of the analysis process.

**Update:** *Efforts to develop an IDR continue. This system will allow data from many different data sources to be placed into one electronic data warehouse, increasing the efficiency of the analysis process.*

#### **B-7: Enhanced Rapid Response Capabilities**

This project will increase the ability of the following staff, acting as team, to respond rapidly. They are Health and Human Services Agency staff from Community Epidemiology, Emergency Medical Services, Public Health Laboratory and Public Health Nursing, Border Health and the Hazardous Incident Response Team from the Department of Environmental Health. This enhancement will be done through the development of protocols, training and drills.

**Update:** *Protocols and tools for use in responding to a myriad of public health emergencies have been developed. A scenario-based tabletop exercise to discuss the public health response to a*

*smallpox outbreak was conducted in May 2003. A response unit, the Epidemiology Preparedness and Response Group (EpiPaR), was formed to respond to emergency events. Activities are ongoing.*

#### **B-8: Enhanced Rapid Communication Capabilities**

Work will be done to enhance the current system of notifying medical and public health staff about potential or actual emergencies through increased automation and protocol development.

***Update:** Work to enhance the current system of notifying medical and public health staff about potential or actual emergencies through increased automation has been completed. Communication protocols also have been written.*

#### **B-9: Web-based Preventive Medication Mass Distribution Tracking System**

The feasibility of an electronic system that could track the mass distribution of preventive medications and vaccinations (prophylaxis) will be studied. The system would track the allocation of medications through distribution sites and could track patients who receive preventive medication.

***Update:** The feasibility of an electronic system to track the mass distribution of preventive medications and vaccinations (prophylaxis) has been evaluated. The Center for Disease Control and Prevention's (CDC) Pre-Event Vaccination System (PVS) has been selected for use as an interim web-based vaccination tracking system. An electronic system for tracking contacts of primary cases of disease is being developed as an adjunct tool to the PVS system.*

### **Focus Area C: Biological Laboratory Capacity**

#### **C-1: San Diego County Public Health Laboratory Enhancement**

The enhancements of the local public health laboratory (a Level B lab – these have advanced capabilities) will strengthen the laboratory's response capabilities and its communication and working relationships with Level A labs in San Diego and Imperial Counties. This will also include planning with federal and State officials to improve the ability to work with labs in Mexico. This project will include increasing personnel, improving the facilities, increasing supplies, improving automation, developing protocols and training.

***Update:** Additional staff, equipment (including Polymerase Chain Reaction, or PCR, testing), supplies, and protocols have been put in place to significantly increase the capabilities of the local public health laboratory (a Level B lab). Extensive training of public health lab staff and local Level A lab staff on bioterrorism testing and communication procedures has occurred. Efforts to enhance working relationships with health officials and laboratories in Mexico are underway and will continue during fiscal year 2003/2004.*

### **Focus Area E: Health Alert Network/Communications and Information Technology**

#### **E-1: Promotion of Medical Provider Participation in the Emergency Medical Alert Network (EMAN)**

EMAN is primarily an electronic-based system and can assist public health and safety agencies communicate with members of the local medical community in the event of a public health emergency. This project will assess current participation in EMAN and develop and implement strategies that promote additional participation.

**Update:** An assessment of the local electronic-based alert system, EMAN, was completed and multiple promotional strategies were adopted. Additional participants are continuously enrolled due to ongoing recruitment efforts.

#### **E-2: Integration of Emergency Medical Alert Network (EMAN) with Other Communication Systems**

Work will be done to integrate EMAN with a system to automatically notify EMAN subscribers that an important alert has been issued. It will also integrate EMAN with the State's alert system and with the local Quality Assurance Network that is used by emergency medical personnel.

#### **E-3: Enhancement of Emergency Medical Alert Network (EMAN) to Include "Mass Paging" Capabilities**

Planning will be done to enhance EMAN in order to notify selected members of the local medical community about an event through a computer-based system that uses "find-me-follow-me" technology to call cell phones, pagers, homes, and PDAs.

#### **E-4: Enhanced Emergency Medical Alert Network (EMAN) Security Features**

This project will assess security and identify needed improvements to the current automated security practices for EMAN.

**Update for E-2, E-3, and E-4:** Final procurement and implementation of the Board-approved BioTerrorism Readiness Suite (BTRS), a real-time alerting system with built-in templates for redundant communications, has been completed. BTRS is the system used by the State for the California Health Alert Network (CAHAN). The local EMAN system will continue to be enhanced in an effort to become a San Diego version of CAHAN. This local system will be able to automatically notify EMAN participants that an important alert has been issued from Community Epidemiology.

### **Focus Area F: Risk Communication and Health Information Dissemination (Public Information and Communication)**

#### **F-1: Planning for Media Relations and Communications**

This planning will develop materials, protocols and training for use in providing information to the public through the media during a terrorist event and about preparedness efforts before any such event as well.

**Update:** A Risk Communication Plan was developed during fiscal year 2002/2003, and included materials, protocols and training for use in providing information to the public through the media during a terrorist event or other disaster. Work in this project area continues for fiscal year 2003/2004 and involves ongoing revisions to materials, protocols and training for use in providing information to the public through the media during a terrorist event and about preparedness efforts before any such event.

#### **F-2: Risk Communication Symposiums**

Specialized training in high-risk communications will be provided to approximately 200 County and regional public information officers and officials. This is advanced communication training with the goal of training officials to inform the public during a crisis about issues that may save lives or avert problems.

**Update:** A nationally recognized expert in crisis communications provided specialized training in high-risk communications to County and regional public information officers and officials during two local risk communication symposiums held on June 20 and June 30, 2003. Specialized training in high-risk communications will be provided to County and regional public information

*officers and officials on an ongoing basis during fiscal year 2003/2004. This advanced communication training is provided to local officials in order to help them effectively inform the public during a crisis about issues that may save lives or avert problems.*

### **F-3: Bioterrorism Preparedness Curriculum for General Public**

This project will disseminate bioterrorism preparedness curriculum information in response to the education requests of the public and through outreach.

**Update:** *Distribution of bioterrorism preparedness brochures and brochures on the mental health aspects of terrorism is in process. A bioterrorism preparedness curriculum is currently being finalized and prepared for distribution. To request a speaker, or materials, call 619-515-6560.*

## **Focus Area G: Education and Training**

### **Project G-1: Health and Human Services Agency Staff Training**

This project will develop and provide disaster preparedness and disaster service worker training to all 6,000 Agency employees.

**Update:** *The Workforce Readiness and Preparedness (WRAP) Basic training program was developed, pilot tested and implemented in an initiative to train at least 75% of HHSA employees in disaster preparedness by October 2003. This goal was exceeded. Approximately 5,419 (93%) HHSA employees attending the WRAP training in 2003. All County employees are designated disaster service workers in the event of a disaster. The purpose of WRAP Training is to prepare HHSA employees to be skilled and ready to assist and support their families, their communities and the people of the County of San Diego at a basic emergency preparedness level. The San Diego program is being used as a model for other cities in preparing their workforces to respond to disasters. Plans to institutionalize the training for HHSA employees to ensure all new hires to the Agency are trained are in process.*

### **Project G-2: Health Care Providers' Curriculum**

This project will produce a curriculum, material and posters for educating members of the health care professional community that will be used by speakers from the Health and Human Services Agency's Speaker's Bureau and will be made available for others that request to use it.

**Update:** *A comprehensive bioterrorism curriculum is being finalized and produced for training members of the local health care community to recognize and report suspected cases of bioterrorism. A pocket reference guide has been printed and is being distributed to local physicians, infectious disease specialists, emergency department personnel, first responders, and other healthcare providers and public health professionals.*

For more information on Bioterrorism and the CDC Grant Administration, visit the California Department of Health Service's Emergency Preparedness Office (EPO) Web site at:  
<http://www.dhs.ca.gov/ps/ddwem/environmental/epo/EPOBioterrorism.html>